

UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

J&J-2087

First Inventor

Chakradhara

Title

STABILIZATION OF RETINOID COMPOUNDS

Express Mail Label No.

EL710838552US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patent
Box Patent Application
Washington, DC 202311. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)2. ☐ Applicant claims small entity status.3. ☒ Specification [Total Pages 17]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☐ Drawing(s) (35 USC 113) [Total Sheets]

5. Oath or Declaration [Total Pages 4]

a. ☒ Newly unexecuted (original or copy)b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)b. ☐ Specification Sequence Listing on:i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ paperc. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☐ Information Disclosure Statement
(IDS)/PTO-1449 ☐ Copies of IDS

Citations

13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.17. ☐ Other18. ☒ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☒ non-provisional ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: 60/262,687, filed 01/19/2001. Prior application information: Examiner Group Art Unit:For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.

Address: Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to William E. McGowan at:

Telephone: (732) 524-2197 Fax: (732) 524-2808

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

William E. McGowan

Reg. No. 39,301

SIGNATURE

DATE

January 18, 2002

01/18/02

PTO 10/052316

01/18/02

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	
	First Named Inventor	Chakradhara
	Group Art Unit	
	Examiner Name	
Attorney Docket Number		J&J-2087

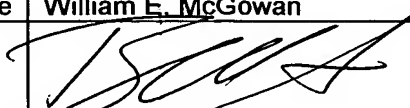
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	20- 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	2- 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 710.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/J&J-2087/WEM in the amount of \$710.00.
Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/J&J-2087/WEM. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	William E. McGowan	Reg. No. 39,301
Signature		Date: January 18, 2002
		Deposit Account No. 10-0750